



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 8, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Chinasia, 2704 'Y' Street requesting a class I liquor license.

Kevin Belton has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kevin Belton was born in Omaha, Nebraska. He attended Millard North High School graduating in 1997.

Kevin Belton employment history is as follows:

2005 - Present	Manager, AW Properties	Lincoln, NE.
2006 - 2008	Manager, Dog Tags Game Center	Lincoln, NE.
2005 - 2007	Bartender, Wilderness Ridge	Lincoln, NE.
2001 - 2005	Asst Manager, Embassy Suites	Lincoln, NE.

The required training was completed on August 13th 2009.

Stockholder information has been included for your review.



A nationally accredited law enforcement agency



If this application is approved the Lincoln Police Department requests the following conditions be added to the license.

Chien Nguyen, spouse of the owner is not to be involved in any operation of the business.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read 'Tom K. Casady', written in a cursive style.

THOMAS K. CASADY, Chief of Police

APPLICATION FOR LIQUOR LICENSE

FILED

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 days = 1/18/2010 DEC 7

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CITY CLERK'S OFFICE

NEBRASKA LIQUOR

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CONTROL COMMISSION
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

Application Fee

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)		\$100.00

MISCELLANEOUS

Application Fee

Bond Required

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O	Boat	\$ 95.00	none
<input type="checkbox"/>	V	Manufacturer		
<input type="checkbox"/>		Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Chinasia Cafe

Street Address #1 2704 Y St

Street Address #2 _____

City Winona County Lancaster Zip Code 68503

Premise Telephone number (402) 476-0724

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Same as above

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See attached

PREMISE INFORMATION RECEIVED

Trade Name (doing business as) Chinasia Cafe NOV 19 2009

Street Address #1 2704 Y St

Street Address #2 _____

NEBRASKA LIQUOR
CONTROL COMMISSION

City Lincoln County Lancaster Zip Code 68503

Premise Telephone number (402) 476-0724

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Same as the above

Street Address #1 _____

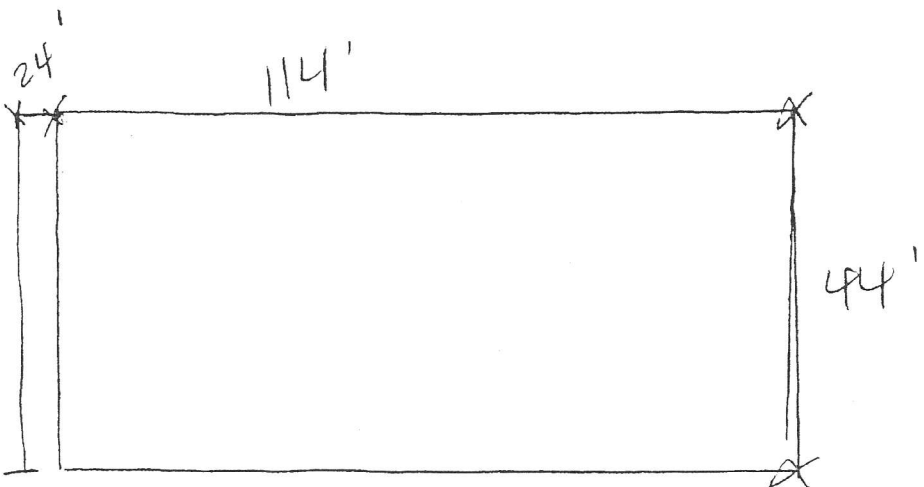
Street Address #2 _____

City _____ State _____ Zip Code _____

DESCRIPTION

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



= 5,024 sq. ft.

• NO basement • one story building

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

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cc: Noble

If yes, please explain below or attach a separate page.

Tyget - MIP, DUI

NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender U.S. Bank

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Wells Fargo; Tuyet Nguyen

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- ☒ c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Tuyet Nguyen	Date:	Where:
	None		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 4-1-2014

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Currently open

15. What will be the main nature of business? Bar

16. What are the anticipated hours of operation? 9pm 1am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

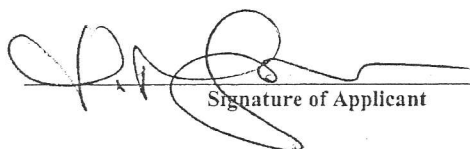
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
3027 S. 48	98	2009			

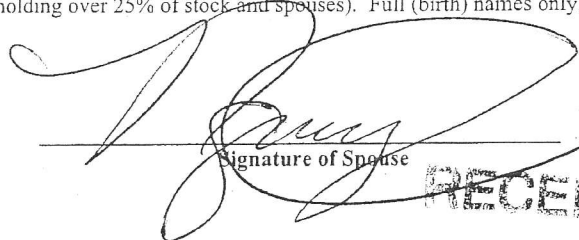
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant



Signature of Spouse

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Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

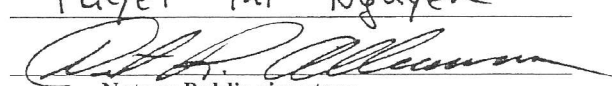
Signature of Applicant

Signature of Spouse

State of Nebraska

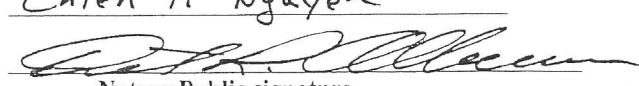
County of Lancaster

The foregoing instrument was acknowledged before me this November 19th 2009 by

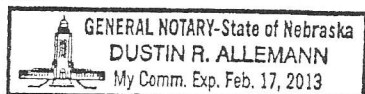
Tuyet Thi Nguyen

Notary Public signature

County of Lancaster

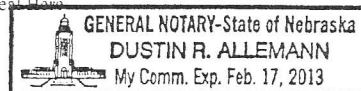
The foregoing instrument was acknowledged before me this November 19th 2009 by

Chien H Nguyen

Notary Public signature

Affix Seal Here



Affix Seal Here



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent:

Mathew T. Watson

Name of Corporation that will hold license as listed on the Articles

TCH Inc

Corporation Address:

2704 y st

City:

Lincoln

State:

NE

Zip Code:

68503

Corporation Phone Number:

(402) 476-0724

Fax Number:

N/A

Total Number of Corporation Shares Issued:

1,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name:

Nguyen

First Name:

Tuyet

MI:

Thi

Home Address:

3027 S. 48

City:

Lincoln

State:

Nebraska

Zip Code:

68503

Home Phone Number:

N/A

Signature of president

County of

Lancaster

The foregoing instrument was acknowledged before me this

November 19th 2009

by

Notary Public signature

Affix Seal Here



GENERAL NOTARY-State of Nebraska
DUSTIN R. ALLEMAN
My Comm. Exp. Feb. 17, 2013

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Nguyen First Name: Tuyet MI: thi

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 10090

Spouse Full Name (indicate N/A if single): Chien Hung Nguyen

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Nguyen First Name: Chien MI: Hung

Social Security Number: _____ Date of Birth: 1

Title: Spouse of Tuyet Number of Shares: 090

Spouse Full Name (indicate N/A if single): Tuyet Nguyen

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Button First Name: Kevin MI: Matthew

Social Security Number: _____ Date of Birth: _____

Title: manager Number of Shares: _____

Spouse Full Name (indicate N/A if single): Single

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: Jan Ending Date: Dec

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

THE UNITED STATES OF AMERICA

CERTIFICATE OF



No. A1373875

CITIZENSHIP

•ORIGINAL•

I N S Registration No. _____

Personal description of holder as of date of issuance of this certificate: Sex Female; date of birth _____
country of birth Vietnam; complexion Medium; color of eyes Brown; color of hair Black;
height 5 feet 0 inches; weight 105 pounds; visible distinctive marks _____ None
Marital status Single

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Tuyet Thi Nguyen
(Complete and true signature of holder)



Seal

Be it known, that TIYET THI NGUYEN
now residing at 3027 S. 48th Street, Lincoln, Nebraska
having applied to the Commissioner of Immigration and Naturalization for a certificate of
citizenship pursuant to Section 341 of the Immigration and Nationality Act, having proved to
the satisfaction of the Commissioner that (s)he is now a citizen of the United States of America, became
a citizen thereof on May 20, 1999 and is now in the United States.

Now Therefore, in pursuance of the authority contained in Section 341 of the Immigration
and Nationality Act, this certificate of citizenship is issued this Twentieth
day of May nineteen hundred
and Ninety-Nine, and the seal of the Department
of Justice affixed pursuant to statute.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Haris Tassie

COMMISSIONER OF IMMIGRATION AND NATURALIZATION

DEPARTMENT OF JUSTICE

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JUL 1 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

JUL 1 2009

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NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver
(Spouse of individual listed below)

Chien Haeng Nguyen
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

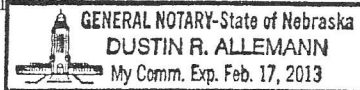
November 19th 2009
date

The foregoing instrument was acknowledged before me this

by Chien H Nguyen
name of person acknowledged

Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

Tuyet Thi Nguyen
Printed name of applying individual

State of Nebraska

County of Lancaster

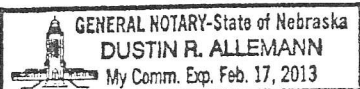
November 19th 2009
date

The foregoing instrument was acknowledged before me this

by Tuyet Thi Nguyen
name of person acknowledged

Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: TCN INC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Chinavia Cafe

Premise Street Address: 2704 Y ST

City: Lincoln Zip Code: 68563

Premise Phone Number: (402) 476-0724

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Belton First Name: Kevin MI: M

Home Address (include PO Box if applicable): 5210 North 1st Street

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402 770 4693 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: 1

Date Of Birth: _____ Place Of Birth: Omaha NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
<u>Lincoln NE</u>	<u>1998</u>	<u>2007</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2005</u>	<u>Present</u>	<u>AW Paper Inc</u>	<u>Aaron Polik</u>	<u>402 617 5857</u>
<u>2005</u>	<u>2007</u>	<u>DogTag Gaming Center</u>	<u>Marshall Rogers</u>	<u>402 791 2514</u>

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

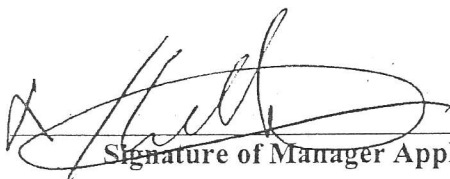
Date:	Where:
2000 - 2005	Embassy Suite Butler
2005 - 2007	W. Idner Ridge Butler

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant

N/A
Signature of Spouse

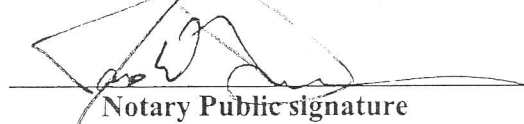
State of Nebraska

County of Lancaster

County of _____

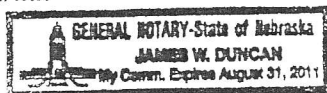
The foregoing instrument was acknowledged before me this 12th day of November 2009 by Kevin Belton

The foregoing instrument was acknowledged before me this _____ by _____


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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NOV 19 2009

Rev 1-78
E OR PRINT IN
PERMANENT INK
INSTRUCTION
MANUAL

RECEIVED

JUL 1 2009

NEBRASKA LIQUOR
CONTROL COMMISSIONOMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT
Vital Statistics Section

126-

CERTIFICATE OF LIVE BIRTH

CHILD - NAME 1 Keyin Mathew Belton			SEX 2 M	DATE OF BIRTH (Month, Day, Year) 3 12:33a M	HOUR
HOSPITAL - NAME (If not in hospital, give street and number) 4a Immanuel Medical Center			INSIDE CITY LIMITS (Specify Yes or No) 4b yes	CITY, TOWN, OR LOCATION OF BIRTH 4c Omaha	COUNTY OF BIRTH 4d Douglas
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>[Signature]</i>			DATE SIGNED (Month, Day, Year) 5b 25 Jan 79	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c	
CERTIFIER - NAME AND TITLE (Type or print) 6a R. Magid, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b 8300 Dodge, Omaha, Nebraska		
REGISTRAR - SIGNATURE 7a <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR 7b JAN 3 1979		
MOTHER - MAIDEN NAME 8a Patricia Lou Bergman			AGE (At time of this birth) 8b 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c Sioux Falls, So. Dakota	
RESIDENCE - STATE 9a Nebraska	COUNTY 9b Douglas	CITY, TOWN, OR LOCATION, (Include zip code) 9c Omaha 68144	INSIDE CITY LIMITS (Specify Yes or No) 9d yes	STREET AND NUMBER 9e 3435 S. 126 Ave.	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME 10a Michael Lee Belton			AGE (At time of this birth) 10b 24	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 10c Pratt, Kansas	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant) 11a Patricia Lou Belton			RELATION TO CHILD 11b Mother		

This certifies this document to be a true copy of an original record on file with the Omaha-Douglas County Health Department, Division of Vital Statistics.

Date Issued **FEB 0 6 1979***[Signature]*

(Registrar)

RECEIVED
NOV 19 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA
OPERATORS LICENSE

Class 0

DOB: 12-28-1967

Sex M Ht 603 Wt 165 Eyes B Hair B

Issued 12-28-2005 Expires 12-28-2008

DOB: 12-28-1967

DOB: 12-28-1967